

ACCOUNT DETAILS

Account Name	DPL Indian Immunologicals Limited.		
Address	Sachibowli		
City	Hyd.		
State	Telangana.	ZIP Code	500032
Dr In-Charge at site	Mr. Praveen.		
Dr In-Charge Contact No	9133061555		
Email ID	apraaveen@indimmune.com.		

FIELD PERSONNEL DETAILS

RSM	Ravi Kumar	AM - Scientific Support	
Primary CSE	Uday Kiran.	Primary AM - CRM	
Secondary CSE	Tulasi Rao	Secondary AM - CRM	

INSTALLATION DATE AND TIME STAMPS

FSE Start Date & Time	28/12/22 @ 1 Pm	FAS Start Date & Time	
FSE End Date & Time	28/12/22 @ 5 Pm.	FAS End Date & Time	
FSE Total Site Visits	1	FAS Total Site Visits	
FSE Total Site Hrs	4hr	FAS Total Site Hrs	

INSTRUMENT DETAILS

Instrument Category	Point of care	Instrument Model	epoc
Serial No	42679 Ready	Installation Notification No	
LIS Vendor	TIH12XMA 00225 HOS	Water Source	

FSE INSTALL RATINGS - ELECTRICAL & MECHANICAL INSTALLATION

Install Ratings: 5 = Outstanding; 4 = Good; 3 = Acceptable; 2 = Fair; 1=Poor

Delivery Quality	Site Preparation	Hardware Quality	S/W Quality	Adjustments
5	5	5	5	5

EM No of Visit Days		FSE Travel Hrs	
---------------------	--	----------------	--

FAS INSTALL RATINGS - METHOD INSTALLATION & TRAINING

Install Ratings: 5 = Outstanding; 4 = Good; 3 = Acceptable; 2 = Fair; 1=Poor

Method Calibration	Consumables Delivery	Training	No of Methods Installed
5	5	5	5

Appn & Trng visit days		FAS Travel Hrs	
------------------------	--	----------------	--

PART REPLACEMENT, IF ANY

Part Replaced		Part Number	
Part Replaced		Part Number	

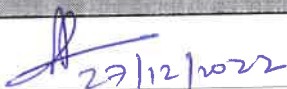
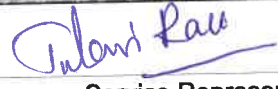
FSE and FAS Comments: For any rating 4 or less, please provide details ; Any other comments

Final Installation Completion Date and Time	28/12/22 @ 5 Pm.
---	------------------

CUSTOMER REMARKS ON OVERALL INSTALLATION

- SD Card for software update for every six months
- Two ml BD Syringe must be dequized

I hereby agree that above statements are correct and instrument has been installed to our satisfaction.

 28/12/2022 Customer Signature and Date	 Signature of Siemens Service Representative
--	---

Siemens Healthcare Private Limited

Regd. Office: Unit No. 9A, 9th Floor, North Tower, Godrej One, Pirojshanagar, Eastern Exp. Highway, Vikhroli E, Mumbai 400079
 Sale Office: - Building No.10, Tower-A, Upper Ground Floor, DLF Cyber City Phase II, Gurugram-122002, Haryana, India

TOLL FREE NO- 1800 419 7477
 BACK-UP NO- 080-66201540
 EMAIL: service.diagnostic.in@siemens.com



FIELD SERVICE REPORT

<input checked="" type="checkbox"/> SHPL		<input type="checkbox"/> Business Partner	
LAB/HOSPITAL: <u>IIL (R4D)</u>		INSTRUMENT: <u>epoc</u>	
CONTACT PERSON: <u>Mr Praveen</u>		SERIAL NO: <u>02 699</u>	CALL RECEIVE DATE & TIME: <u>28/12/22</u>
INSTRUMENT SITE ADDRESS: <u>Godhamballi</u>		CALL CATEGORY (Please Click)	
TELEPHONE: _____		<input type="checkbox"/> Breakdown	Hardware Only
EMAIL ID: <u>apraveen@indimmune.com</u>		<input type="checkbox"/> Partial Breakdown	Hardware Only
INSTRUMENT AGREEMENT STATUS: <input type="checkbox"/> AMC(SSC) <input type="checkbox"/> CMC <input type="checkbox"/> SOF		<input checked="" type="checkbox"/> Commissioning	PM, Basic Maintenance
<input checked="" type="checkbox"/> Warranty <input type="checkbox"/> Reagent Rental		<input checked="" type="checkbox"/> Technical Support	Pre-Installation, Installation, De-Commissioning
CALL REASON: <u>Installation</u>		Application, Training, Upgrade, Demonstration, Documentation, Routine Visit, Product Inquiry	

TECHNICAL FINDINGS: N/A

CORRECTIVE ACTION/DESCRIPTION: Done the Installation, and given demo to staff. But we not run. need to run the OC.

PART REPLACEMENT DETAILS AND REPAIR ESTIMATE APPROVAL

<input type="checkbox"/> Following parts have been replaced		<input type="checkbox"/> Following parts needs to be replaced. Please approve for further repairs				
Part Description	SAP Code	Part No.	Qty	Source of Spare (Cust/Trunk Stock of)	Unit Price (Billing Only)	Total

The above-mentioned part replacement & total service charges have been approved to process for necessary repairs
 Customer Signature Name

Total Spare part Charge (INR)*
 Service / Repair Charges (INR)*

FOR BILLABLE TRANSACTIONS: Customer may kindly note that this FSR duly signed & stamped by you will be treated as purchase order from you. If it does not meet your internal procedure requirement, you may treat this as repair quotation and issue us a separate purchase order. This repair estimate is valid for 30 days from the call Date mentioned above

DATE AND TIME STAMPS

Name	Date	Travel Start	Repair Start	Repair End
<u>Indus Rao</u>	<u>27/12/22</u>	<u>1 Pm</u>	<u>2 Pm</u>	<u>5:30 Pm</u>

FINAL INSTRUMENT STATUS: Functional Non-Functional Functional with Problem N/A

This is to certify that Service Engineer has carried out necessary part replacement and service of the instrument. I have found the instrument working satisfactory

Receive with Thanks INR _____ by cheque/ DD no _____ against total service charge

Customer Signature Name: A. Praveen Stamp

N/A FSE/FAS Signature Name: Indus Rao 27/12/22

*VAT/Service Extra as Applicable

Customer COPY